

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Aug 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000099264 (8)
1. Corporation Name
O'NEIL CONSTRUCTION OF HIGH SPRINGS, INC.



Principal Place of Business P.O. BOX 1633 HIGH SPRINGS FL 32655	Mailing Address 110 NE 1 AVE HIGH SPRINGS FL 32643
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 110 N.E. 1st AVE.		2a. Mailing Address 26 P.O. BOX 1633		3. Date Incorporated or Qualified 11/21/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3486125	
City & State 23 HIGH SPRINGS, FL.		City & State 28 HIGH SPRINGS, FL.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32643	Country 25 USA	Zip 29 32655	Country 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Name and Address of Current Registered Agent O'NEIL, DENNIS B 110 NE 1 AVE HIGH SPRINGS FL 32643				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent O'NEIL, DENNIS B 110 NE 1 AVE HIGH SPRINGS FL 32643		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: DENNIS B. O'NEIL, PRESIDENT 6/30/98
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEIL, DENNIS B	1.2 NAME	O'NEIL, DENNIS B.
STREET ADDRESS	P.O. BOX 1633	1.3 STREET ADDRESS	P.O. BOX 1633 N/A
CITY-ST-ZIP	HIGH SPRINGS FL 32655	1.4 CITY-ST-ZIP	HIGH SPRINGS, FL. 32655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	O'NEIL, KELLY L.
STREET ADDRESS		2.3 STREET ADDRESS	P.O. BOX 1633 N/A
CITY-ST-ZIP		2.4 CITY-ST-ZIP	HIGH SPRINGS, FL. 32655 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

received
7/17/98

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dennis B. O'Neil, President*

CR2E034 (10/97)